Amendment/Reply Transmittal Letter Application No. 10/672,889 Attorney's Docket No. 1033806-000010

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No additional claim fee is required.

M	No additional c	iaim iee is	requirea.				
	An additional cl	laim fee is	required, and is	calculated	as shown below:		
			AMENDE	D CLAIMS			
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	nal Fee
Total Claims		55	64	0	x \$ 50 (1202)	\$	(
Independent Claims		6	6	0	x \$ 200 (1201)		(
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						\$	(
Total Claim Amendment Fee						\$	(
							(
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$	(
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due. Charge to credit card for the fee due. Form PTO-2038 is attached.						
\boxtimes	37 C.F.R. §§ 1.	.16, 1.17 ar	nd 1.20(d) and ²	1.21 that m	ropriate fees unde ay be required by 1 12-4800. This pape	this paper, ar	
	Respectfully submitted,						
			BUCHANAN I	NGERSOLL	& ROONEY LLP		
Date	April 6, 2007		Chung	g S. Park tration No.	52093	<u>.</u>	

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